



**State of Connecticut**  
 Department of Agriculture  
 Bureau of Regulatory Services  
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**Hemp Sample Chain of Custody Form**

(rev. 8.16.19)

License Holder:	Grower License#:
Sample Collector Name:	
Email:	Phone#:

Complete this Chain of Custody form for each sample. Multiple samples can be listed on one form. Fill in the boxes with the appropriate information. Each time the official sample is transferred to another person the signature of the current sample custodian must be documented in the appropriate box along with the date and time.

**Note: This form must be completed and accompany the sample at all times.**

Sample Number	Date of sample collection	Time of sample collection	Location (address) where sample originated	Plot ID where sample originated	Sample Description

Relinquished by (Signature):	Date & Time	Received by (Signature):	Relinquished by (Signature):	Date & Time	Received by (Signature):

**Note: Laboratories must report test results to the Department of Agriculture [agr.hemp@ct.gov](mailto:agr.hemp@ct.gov)**